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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete If Known

Application Number	10/607,915
Filing Date	June 27, 2003
First Named Inventor	Yoshihiro Kobayashi
Examiner Name	Cleveland, Michael B.
Art Unit	1762
Attorney Docket No.	TJK/395

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,240.00)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-1351 Deposit Account Name: Seyfarth Shaw LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>				<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				200	100
Multiple dependent claims				360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
_____ - 20 or HP = _____ x _____ = _____				<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>		
_____ - 3 or HP = _____ x _____ = _____					
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	Two-Month Extension of Time & Request for Continue Examination	1,240.00

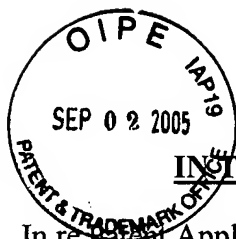
SUBMITTED BY

Signature	Registration No. 35,567 (Attorney/Agent)	Telephone 312-346-8000
Name (Print/Type) Timothy J. Keefer		Date August 30, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TJK/395

REE
IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :)	METHOD FOR MANUFACTURING
)	ELECTROLUMINESCENT ELEMENT
Yoshihiro Kobayashi)	
)	Confirmation No. 8119
Application No. 10/607,915)	
)	Examiner: Cleveland, Michael B.
Filing Date: June 27, 2003)	
)	Group Art Unit: 1762

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: Fee Amendment

Sir:

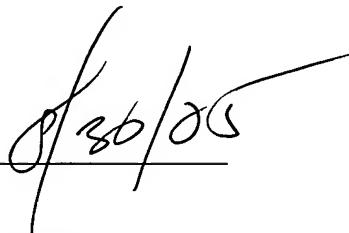
Please find enclosed the following documents pertaining to the above-referenced application:

- *Transmittal Letter (in duplicate);
- *Fee Transmittal (in duplicate);
- *Response to Office Action;
- *Petition for Extension of Time (two-month);
- *Certificate of First Class Mailing;
- *Check in the amount of \$790.00;
- *Check in the amount of \$450.00; and
- *Return Postcard

The Assistant Commissioner is hereby authorized to charge any necessary fees to Deposit Account 19-1351. In the event of non-payment of a required fee, the Assistant Commissioner is hereby authorized to charge Deposit Account No. 19-1351 as required to correct the error.

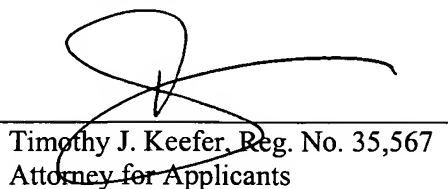
Respectfully submitted,

Date:



SEYFARTH SHAW LLP
55 E. Monroe Street, Suite 4200
Chicago, Illinois 60603
(312) 346-8000

By:


Timothy J. Keefer, Reg. No. 35,567
Attorney for Applicants